

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 4, 2021

1:32 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Shelley Hughes, Vice Chair  
Senator Mia Costello  
Senator Lora Reinbold  
Senator Tom Begich

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

SENATE BILL NO. 56

"An Act extending the January 15, 2021, governor's declaration of a public health disaster emergency in response to the novel coronavirus disease (COVID-19) pandemic; providing for a financing plan; making temporary changes to state law in response to the COVID-19 outbreak in the following areas: occupational and professional licensing, practice, and billing; telehealth; fingerprinting requirements for health care providers; charitable gaming and online ticket sales; access to federal stabilization funds; wills; unfair or deceptive trade practices; and meetings of shareholders; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 56

SHORT TITLE: EXTENDING COVID 19 DISASTER EMERGENCY

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

01/25/21	(S)	READ THE FIRST TIME - REFERRALS
01/25/21	(S)	HSS, L&C, FIN
02/02/21	(S)	HSS AT 1:30 PM BUTROVICH 205
02/02/21	(S)	Heard & Held
02/02/21	(S)	MINUTE(HSS)

**WITNESS REGISTER**

ADAM CRUM, Commissioner

Department of Health and Social Services (DHSS)

Anchorage, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, introduced the presentation on the DHSS response to the pandemic.

BRYAN FISHER, Operations Manager

Department of Military and Veteran Affairs

Eagle River, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, reviewed the Alaska Disaster Act.

HEIDI HEDBERG, Director

Division of Public Health

Department of Health and Social Services (DHSS)

Anchorage, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, presented the state's pandemic response.

HEIDI TESHNER, Director

Finance and Support Services

Department of Education

Juneau, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, explained how the disaster declaration affected schools.

ANNE ZINK, M.D., Chief Medical Officer

Division of Public Health

Department of Health and Social Services (DHSS)

Anchorage, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, answered questions about COVID vaccines.

MIKE COONS, President

Association of Mature American Citizens (AMAC), Mat-Su Chapter

Palmer, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

JARED KOSIN, President and CEO

Alaska State Hospital and Nursing Home Association (ASHNHA)

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

MICHAEL BAILEY, Deputy Executive Director  
Hope Community Resources  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

NILS ANDREASSEN, Executive Director  
Alaska Municipal League  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

LISA MORLEY, Executive Director  
Alaska Commission on Aging  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

RYAN MCGHAN, M.D., representing self  
Wasilla, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

ABNER HOAGE, Emergency Manager and Incident Commander for COVID  
Response  
City of Ketchikan  
Ketchikan, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

KATY BOTZ, representing self  
Juneau, Alaska

**POSITION STATEMENT:** During the hearing on SB 56, expressed concerns about health mandates.

JAYNE ANDREEN  
Alaska Public Health Association  
Douglas, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

VERNE BOERNER, President/CEO  
Alaska Native Health Board (ANHB)  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 56.

AMBER GLASSER, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 56.

DEAN CANNON, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 56.

## **ACTION NARRATIVE**

[1:32:24 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:32 p.m. Present at the call to order were Senators Reinbold, Hughes, Begich, and Chair Wilson. Senator Costello arrived during the course of the meeting.

### **SB 56-EXTENDING COVID 19 DISASTER EMERGENCY**

[1:32:50 PM](#)

**CHAIR WILSON** announced the consideration of SENATE BILL NO. 56 "An Act extending the January 15, 2021, governor's declaration of a public health disaster emergency in response to the novel coronavirus disease (COVID-19) pandemic; providing for a financing plan; making temporary changes to state law in response to the COVID-19 outbreak in the following areas: occupational and professional licensing, practice, and billing; telehealth; fingerprinting requirements for health care providers; charitable gaming and online ticket sales; access to federal stabilization funds; wills; unfair or deceptive trade practices; and meetings of shareholders; and providing for an effective date."

**CHAIR WILSON** relayed his intent to let the department finish its presentation, hear invited testimony, and begin public testimony. He listed the individuals who were available to answer questions.

[1:35:44 PM](#)

**ADAM CRUM**, Commissioner, Department of Health and Social Services (DHSS), Anchorage, Alaska, shared that nobody was happy to be here to address this issue after a full year, but they would talk about why the authorities were needed to continue the response and bring the state across the finish line. He turned the presentation over to Bryan Fisher to give an overview of the Disaster Act.

[1:36:29 PM](#)

**BRYAN FISHER**, Operations Manager, Department of Military and Veteran Affairs, Eagle River, Alaska, said he is currently serving as incident commander for the state COVID-19 unified command. He displayed slide 4, Overview of the Alaska Disaster Act. He shared that these are the laws that provide the authority and responsibility for government to respond to

disasters, emergencies, and catastrophes that may occur in the state and affect the citizens. It is the baseline statutory authority to respond to emergencies. He noted that the slide describes the purpose of the Disaster Act is described in the slide.

MR. FISHER stated that slide 5 is in response to a question from the last hearing about the definition of disaster in AS 26.23.900(e). "Disaster" means the occurrence or imminent threat of widespread or severe damage, and in particular to this, an outbreak of disease or a credible threat of an imminent outbreak of disease that the commissioner of DHSS certifies as having a high probability of occurring. The certification must be based on specific information received from a local, state, federal, or international agency, or another source. At the beginning of the pandemic and continuing through today, the state utilized information that came out in winter of last year. Specifically, the World Health Organization (WHO) on January 30 designated that the outbreak of SARS-CoV-2 and COVID was a public health emergency of international concern. He said the state utilized that international agency to make that certification. Following that, the Secretary of Health and Human Services for the United States government declared a national public health emergency on January 31. On March 11 WHO declared COVID-19 a global pandemic and on April 9 President Trump declared a major disaster for the state of Alaska as a result of this pandemic. That certification was based on credible information from those agencies. The state continues to receive lots of information, primarily from the federal government, Health and Human Services, and the Centers for Disease Control and Prevention (CDC) on the characteristics and nature of this pandemic.

MR. FISHER stated that AS 26.23.020(c) allows the governor to declare a disaster when that certification is made. That particular citation also explicitly states that the legislature has the authority to extend the disaster beyond 30 days, which is why SB 56 is in front of the committee. A couple of the key points in AS 26.23.020 are subsection (e) that addresses the response and recovery aspects and specifically provides the authority for the deployment, distribution, and use of supplies, including medicine; and subsection (g) that has provisions to specifically allocate or redistribute food, water, fuel, clothing, medicine, and supplies. The state is relying on those authorities today for the response, particularly for the vaccine and therapeutics.

[1:41:08 PM](#)

MR. FISHER explained that Sections 26.23.060 and 26.23.140 of the Disaster Act speak to the authorities and responsibilities of local governments. The statutes state that DHSS is there to serve local communities, but it does provide for specific responsibilities and authorities of local government. For example, municipalities and political subdivisions can make their own disaster declarations and implement their own measures to respond to the outbreak.

MR. FISHER said that to address something that came up previously, AS 26.23.025 addresses the responsibility of the legislature in disasters. Subsection (c) of that statute says the legislature may terminate a disaster emergency at any time by law.

MR. FISHER explained that AS 26.23.020(g)(1) is the governor's authority to waive and suspend regulations that may impede or hinder the state's ability to respond. Many items in the bill address those specific abilities to suspend regulations to allow the state to continue to provide an effective response for the communities and citizens throughout the state. Additional statutory language allows for the Emergency Management Assistance Compact, an interstate treaty with all the states in the nation to provide mutual aid support as needed. If the state were to need additional resources from the lower 48, a disaster declaration needs to be in place in order to do that. The majority of the Disaster Act and the authorities for declaring a disaster are time limited. The act allows for the temporary changes to make an effective response. AS 26.23.020 (f) and AS 26.050.70 speak to the governor's role and his authorities to use the National Guard in support of a declared emergency. The state is using the great men and women of the Alaska National Guard in the pandemic response and hope to continue to do that throughout the pandemic.

COMMISSIONER CRUM said that in the interests of time and to be able to proceed to a discussion as to why an extension is proposed, he would advance to slide 13. He turned the presentation over to Director Hedberg.

1:45:10 PM

HEIDI HEDBERG, Director, Division of Public Health, Department of Health and Social Services (DHSS), Anchorage, Alaska, said she would address what the public health emergency authorities have allowed her agency to do, as shown on slide 14, why her agency needs to continue, and what will happen if an emergency is not in place. When there is transmission of a new, very

contagious, infectious disease in Alaska, immediate assistance to the public is needed to keep illness and death at bay. This assistance can only happen by declaring a public health emergency. States that acted early and quickly by setting up testing sites, establishing robust contact tracing processes, disseminating information, responding to public concerns, expanding healthcare capacity, standing up large mass vaccination sites, and remaining consistent by not letting the foot off the pedal have lower case numbers, lower death rates, and lower hospitalizations vs. other states that were slow to act. Without the ability to be nimble and respond to imminent threats to Alaskans, the state would not be ranked as the number one safest state based on lowest deaths, lowest hospitalizations, lowest case counts, and highest vaccination rates in the United States. Alaska is also second in the nation in testing per capita.

1:46:39 PM

SENATOR COSTELLO joined the meeting.

MS. HEDBERG explained that this will change if the state does not have the ability to respond quickly to requests for support from the healthcare system and communities. One tool that the declaration allows is continued use of more efficient procurement processes. DHSS' standard procurement process is to follow the invitation for bid or request for proposals as outlined in AS 36.30.110 and AS 36.30.210. This process can take between 30 days to six months, depending on the complexities of the proposal. The public health emergency gives the authority to use emergency procurement followed up with a competitive bid process for long-term contracts. This is critical when hospitals, skilled nursing facilities, and communities do not have or have exhausted their resources and are looking to the state for help. Slide 14 recognizes that DHSS would not have been able to accomplish all that it did without a public health emergency. Emergency procurement followed with a competitive bid process for long-term contracts is what separates Alaska from the other states. Alaska acted quickly to contain the transmission of COVID. The successes of the response are a direct result of the authorities within the disaster declaration. The state needs to continue to be nimble in its response so that the state can continue to do the right thing now to prevent further spread of COVID. The nature of the response has changed over time as the state has built up response capabilities. The fact is that the state is still in emergency and must continue to act to protect the public health and safety of all Alaskans.

MS. HEDBERG shared that of the items on slide 14, she wanted to highlight that this spring when hospitals, skilled nursing facilities, and communities could not procure PPE (personal protective equipment), testing supplies, or hand sanitizer, they looked to the state to step in and respond. A year later healthcare facilities are still experiencing some supply chain constraints due to global impacts of COVID. Additionally, treatment options are continually being researched in both outpatient and hospital settings. The one fully approved COVID-19-specific option is remdesivir. It is an antiviral medication that is used in a hospital setting for severe illness. The FDA (U.S. Food and Drug Administration) has issued two emergency use authorizations for two monoclonal antibodies that are used on outpatient settings to treat COVID within the first 10 days of diagnosis. The state does not prescribe treatment options but does help allocate the scarce resources of monoclonal antibodies. This disaster declaration provides the state with the tools to support allocation of scarce resources, such as medicine to treat those infected and vaccinations.

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MS. HEDBERG said that last summer, before tourism season started, people wanted reassurance that the state was protecting Alaskans and preventing the healthcare system from being overwhelmed. Knowing that travelers were one of the main avenues for COVID to enter Alaska via airports, the state quickly set up testing and screening for airports that received flights from the lower 48. This could not have worked without partnerships with communities and emergency procurement. The state was able to successfully set up testing and screening at the 10 airports. She wanted to highlight that since June 6, the state has screened 471,884 traveler, tested 162,055 travelers at the airports, and identified 2,355 positive cases. In identifying those positive cases at the airport, testing has allowed the state to curtail community transmission. This was instrumental in keeping Alaska's positive case count low, the lowest in the country.

MS. HEDBERG stated that when Alaskans want up to date information on what is happening in their communities and in the state, they look to DHSS for accurate and timely information. This is why DHSS created the COVID case count dashboard and the vaccine dashboard, so that everyone can have access to the same information. DHSS could not have stood up the dashboards as quickly as it did without the ability to secure contracts and hire additional staff. DHSS was overwhelmed last spring and



continues to receive many questions about COVID. DHSS partnered with the University of Alaska Anchorage (UAA) Center for Human Development to create a large, virtual platform called Project ECHO to provide updates. Since March, DHSS has had 362 ECHO sessions that covered 24 topic areas in four broad categories of medical, education, community, and government. That were 66,419 attendees via zoom and over 96,000 via Facebook. All sessions are recorded for those not able to attend live sessions; DHSS has seen 37,419 views of recorded sessions. This is important because it provides a consolidated format to reach all Alaskans, regardless of where they live, to hear the latest in science- and evidence-based information.

MS. HEDBERG moved to slide 15. She explained that AS 26.23.020 gives DHSS the authority to allocate scarce resources, to rapidly engage in contracts to respond to new outbreaks, to continue testing, and to sequence positive specimens. Sequencing positive specimens is critical to identifying when variants enter Alaska, so that DHSS can notify Alaskans, understand the epidemiological impacts, and respond accordingly. As seen in other countries, a variant can accelerate transmission and increase the severity of the disease. This is why DHSS is focused on vaccinating the most vulnerable Alaskans first to reduce the severity of the disease and the transmission.

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MS. HEDBERG concluded with four points. Without the public health emergency, the state is extremely limited in how it responds to the pandemic. Without the public health emergency, DHSS is concerned about the ability to allocate scarce resources like vaccines and monoclonal antibodies. Third, without the public health emergency, there is no centralized management to allocate scarce resources, which jeopardizes the state's vaccine administration framework. Fourth, without the public health emergency, communities without local health powers will be left behind and limited with no support. Again, without the ability to be nimble and respond to the imminent threats to Alaskans, the state would not be ranked as the number one safest state based the lowest deaths, lowest hospitalizations, lowest case counts, and highest vaccination rates in the United States. The state is also second in the nation for testing per capita. This will change if the state does not have the ability to respond quickly for requests for support from the healthcare system and communities. Passage of SB 56 is critical to continue to provide statewide response to COVID-19 and to address vaccinations and therapeutics in the coming months. This bill provides a time-limited extension to the public health emergency, which

continues to be an imminent threat to the citizens of this state. Everyone is exhausted from this virus. It has been a long year and everyone has been impacted, one way or another. This extension is necessary to get Alaskans vaccines and therapeutics and for the health and wellbeing of all Alaskans.

COMMISSIONER CRUM thanked the committee for giving DHSS the opportunity to present this case.

CHAIR WILSON stated that the Department of Education and Early Development (DEED) wanted to share what the disaster declaration means for the department in how it affects carryover funding for schools.

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HEIDI TESHNER, Director, Finance and Support Services, Department of Education, Juneau, Alaska, explained that the waiver put in place under the current disaster declaration was for FY2020, which was the 2019/2020 school year. Now that schools are in FY21, without a disaster declaration, the governor would not have the ability to temporarily suspend the 10 percent carryover limitation set out in statute.

SENATOR BEGICH said Ms. Hedberg answered most of his questions by expressing how important expedited procurement issues are for vaccinations. He asked if it is correct that DHSS's ability to get the 100,000 vaccinations that might be available soon to the public who wish to have them would be hampered without the expedited procurement.

MS. HEDBERG answered that procurement is essential for a timely response to supporting the healthcare community and the community at large. DHSS is concerned that if the public health emergency goes away it won't have the authority for vaccinations. DHSS also won't be able to distribute those logistically without expedited procurement.

SENATOR BEGICH noted that Ms. Hedberg had mentioned the authority of other jurisdictions to do what they may choose to do. He noted that right now, that only applies to home rule communities and said he was proposing an amendment that will allow other communities to exercise their own authority during the pandemic. He asked if that would be a problem for DHSS.

MS. HEDBERG replied that DHSS recognizes that very few communities have health powers and those communities look to the state for coordination of resources in implementing and

utilizing mass vaccination sites. Director Fisher can answer more specific questions.

2:00:38 PM

SENATOR BEGICH responded that that may have answered his question. Under the older orders, there was worker compensation coverage for first responders. DHSS testimony talked about expedited licensing continuing. He asked if it would be contrary to the intent of the extension of the order if a worker compensation protection extension was also provided.

2:01:13 PM

COMMISSIONER CRUM asked if anyone at the Department of Labor could answer the question about worker compensation.

SENATOR BEGICH responded that he would take the answer offline. He noted that the bill has a retroactivity clause to February 13. It makes an assumption that the legislature may not get the bill done by February 13, which implies a break in service before this order is validated. He asked if screening and testing at airports stop if an order is not completed and approved by the legislature by that date. Conversely, if it is completed by the end of February or early, he asked if there will still have been a break in service or if there will be some level of authority to continue testing at airports, while the legislature waits for approval of an order. He said that concerns him deeply, given the data presented and the actual economic impacts if the state is no longer first in all these great categories.

MS. HEDBERG responded that right now, current contracts will cover the state for the next couple of months. Testing will continue at airports but the health orders are tied to the public health emergency. When there is a gap, those health orders will have to change into possibly recommendations. The state will see the impact during a gap in the public health emergency with less compliance from travelers either coming into Alaska or traveling out to remote communities. That is very concerning because as she has mentioned, the state has been able to capture and identify 2,355 positive cases through that airport testing strategy, which has really helped the state to contain and mitigate the spread of COVID.

SENATOR BEGICH said the retroactivity clause potentially creates a problem, which can be discussed offline. If it becomes a recommendation and then the order passes in early March and becomes retroactive to February 13, there would be public

members believing it was a recommendation who are now under a health mandate retroactively. He just wants to make sure the legislature can do that legally and properly. That is the issue he is bringing up.

2:04:27 PM

SENATOR HUGHES thanked those at the department who stepped up. She was proud that in the national news the last few weeks, Alaska was highlighted as far as numbers and containment. She knows it has been a stressful year. She also has great concern for the state. This morning there was news that the cruise industry is not going to be coming to Alaska. The state economy needs to be revitalized. The state is not sure about the Biden administration when it comes to resource development. Just as the state has learned about the impact on young people and other population groups, she is concerned about the collective mental state, emotional and health and psyche as far as what is going to be happening in the year 2021. While she understands that DHSS needs certain tools to do what it does, as she looks at the list on slide 14, a lot of it has to do with having the funds to be able to do things, to procure and distribute things. If the legislature could give DHSS those specific tools without extending the actual date, that would be good for the psyche of the state to move on and start to recover. For example, allowing school districts to carry more than ten percent carryover funding could be fixed by statute. Many of the other things that DHSS needs as tool could be fixed. She would like to be provided a list of what laws the executive branch would be breaking to accomplish the list on slide 14 if the legislature did not fix them without actually extending the emergency declaration date.

CHAIR WILSON said he will ask the administration if it can provide a list of all the statutes and regulations that have been suspended or modified since the disaster and are currently suspended. That would be helpful to the entire legislative body.

SENATOR HUGHES said that, for example, one item on the list of what the disaster declaration authority allowed was a call center to help answer questions. She is guessing there is no law to prevent that as long as DHSS had funding. Some of the items are not blocked by statute. She wants to know what particular statutes would need to be changed for DHSS to have the tools without the date extension.

CHAIR WILSON added along with the regulations that have been suspended and any statutes that have been modified or suspended since the beginning of the pandemic.

2:08:23 PM

SENATOR REINBOLD said she probably has a 100 questions and she will go on as long as the chair permits. She asked Dr. Zink if the mRNA is a new type of vaccine.

2:08:59 PM

ANNE ZINK, M.D., Chief Medical Officer, Division of Public Health, Department of Health and Social Services (DHSS) Anchorage, Alaska, replied that the mRNA COVID-19 vaccine is new, but the platform has been under investigation and used for about 15 years.

2:09:34 PM

SENATOR REINBOLD asked her to discuss the mRNA vaccines for [SARS-CoV-1] past studies and what happened to the animals that were in the study.

DR. ZINK replied that vaccinologists as well as immunologists on the team can provide more information, but she is not a vaccinologist or immunologist. She is aware of the studies but does not have that information at her fingertips and would like to provide that in writing.

SENATOR REINBOLD said, "You know what happened in those studies. Can you just state it on the record, what happened with those studies? If you don't, I will."

CHAIR WILSON noted that Dr. Zink said that she would provide the information in writing.

SENATOR REINBOLD replied that she wanted a synopsis of what happened in those studies in 2002 and 2005, but those were stopped because animals were dying. Senator Reinbold said she is not an antivaxxer, but she is concerned about this new type of vaccine. It is strictly under emergency use authorization so she has a constitutional responsibility, as all senators do, for the public health of Alaskans.

SENATOR REINBOLD said, "That is where my heart is, I want everyone to know. So, yes or no, Dr. Zink, are you requiring informed consent as required by emergency use authorization for each and every vaccination, this brand new mRNA vaccination that still, in my opinion, [is] under trial and I read until two in the morning last night about the Pfizer. Yes or no, are you requiring informed consent each and every time one of these quote unquote vaccines is administered?"

DR. ZINK replied that everyone who administers the vaccine gets informed consent prior to administering the vaccine.

2:11:31 PM

At ease

2:13:50 PM

CHAIR WILSON reconvened the meeting.

SENATOR REINBOLD noted that Dr. Zink said those who are administering the vaccine are getting informed consent. She asked whether every patient receiving this vaccine is getting informed consent.

DR. ZINK responded that the recommendation is that every provider who is administering vaccines give informed consent to every patient prior to giving the vaccine.

SENATOR REINBOLD asked if there have there been any adverse reactions in Alaska. If so, she asked for a description. She also asked if there have been any deaths with the Pfizer or Moderna mRNA vaccination.

DR. ZINK replied that adverse reactions are not reported to the state. They are reported to the CDC and federal government via two different processes, VAERS (Vaccine Adverse Event Reporting System) as well as the V-SAFE (Vaccine Safety Assessment for Essential Workers). VAERS takes required reports from clinicians, but patients can make reports as well. The CDC and the FDA go through those reports and then contact the states if there are any concerns about adverse reactions and/or deaths. To date, the state has received two cases about concerns over adverse reactions, both anaphylactic-type reactions. Those were reviewed in coordination with the CDC and talked about publicly. There are many other reports in VAERS, but they have not been found to be causative or continue to be under investigation. To date, there are no deaths associated with either the Pfizer or Moderna COVID-19 vaccine in the United States.

2:15:40 PM

SENATOR REINBOLD responded that is amazing. She said she is following COVID reactions online and in VAERS and that contradicts what she is following online. She has a physician looking into the VAERS data right now. She asked what Dr. Zink's ultimate goal is in regard to the vaccinations. DHSS keeps saying it is procurement of vaccines. She asked if vaccines can

be available in any other way, would they be available without the emergency or is it all about rushing. She asked if the ultimate goal is herd immunity and if Dr. Zink can guarantee that she is getting immunity with these vaccinations with safety and efficacy.

DR. ZINK answered that these vaccines have gone through all of the normal safety protocols that are happening for any vaccines, safety phase one, phase two, and phase three clinical trials. DHSS continues to work carefully with the FDA and CDC to monitor these. The goal is to make sure that Alaskans who choose to get vaccinated have access to vaccines. DHSS is trying to get vaccines available to any Alaskan who chooses to get vaccinated.

CHAIR WILSON said that Ms. Hedberg can answer the first part of the question about what would happen in terms of vaccine distribution and priority if the disaster declaration is not in order.

SENATOR REINBOLD opined that Dr. Zink avoided all the questions. Senator Reinbold asked what the ultimate goal is and what happens to Alaskans who have had COVID and get a vaccination. She asked Dr. Zink if she can ensure safety and efficacy with these products.

CHAIR WILSON stated that the doctor could provide those answers in writing. He wanted to move on to invited testimony. He asked Ms. Hedberg to answer the question about what will happen if the emergency order goes away in terms of availability and priority of the vaccines.

MS. HEDBERG answered that DHSS needs the authorities of the public health emergency to allocate scarce resource. Right now, the vaccines are a scarce resource. There is not sufficient vaccine to vaccinate everyone in Alaska or the United States or the world who wants to be vaccinated. Therefore, the federal government is allocating to each of the states pro rata vaccine amount. It comes to the state. DHSS needs authorities from the public health emergency to allocate to the communities. Without that authority, the state is in a precarious situation when the public health emergency expires.

CHAIR WILSON requested a written statement to answer Senator Begich's question about what happens if the disaster lapses in terms of allocation, what is at risk with the lapsed time. Chair Wilson moved to invited testimony.



2:19:43 PM

MIKE COONS, President, Mat-Su Chapter, Association of Mature American Citizens (AMAC), Palmer, Alaska, said he was speaking for the majority of AMAC members. He is also on the Alaska Commission on Aging. The commission supports all senior citizens in Alaskans by supporting SB 56. He has approval from Robert Coulter of the greater Anchorage AMAC chapter and Cheryl LaFollette of the Fairbanks chapter to state that both chapters are in full support of SB 56. That is the majority of over 500 chapter members. The extension of the emergency powers as requested by Governor Dunleavy in SB 56 will have a huge impact on the lives of more than 142,000 seniors in the state of Alaska. This gives the governor and his administration the ability to not only give COVID vaccines but the means to get those vaccines to the citizens of Alaska, especially those mature Alaskans who want to regain their freedoms and to be out in the community and society. They have been told that this virus is most deadly to seniors and for those with weakened immunity. They were told to hunker down. Families were told to protect their parents and grandparents, which was done with social distancing. This meant no interaction with their parents and grandparents. People were told to wear masks and now to wear two. Seniors were asked to do many things by their leaders, from the president to Governor Dunleavy to Dr. Zink and many others. Mr. Coons repeated that they were asked, not mandated, like those in New York, New Jersey, Anchorage, etc. Sadly, some of those things were not based on solid science and have been moving targets over the past year. However, the leaders did the best they could based on the best information they were given. They can play 20/20 hindsight all day, but by and large, President Trump and governors like Governor Dunleavy, Noem of South Dakota, DeSantis of Florida, etc., ensured that the freedoms were protected as much as possible and any restrictions vs. mandates were as short lived as possible. The direction of the new president is not about freedom or freedom of choice. So Alaska's governor, who values freedom, is needed even more. SB 56 continues to reduce procurement time for the much needed logistical items to get the vaccine out. Mass vaccinations throughout the state would not have been possible. Without it, it is questionable if the state could continue to get vaccines from the federal government, much less in the quantities needed. Those in the lower 48 would get the vaccines over Alaskan citizens. Alaskans cannot forget that the ability to get therapeutics would be greatly impacted. New York and California do not have enough beds. This is because they do not get out the much needed therapeutics to those hospitals. The state of Alaska



does. Therapeutics are one of the major reasons Alaska has low death rates and short-term hospitalization.

MR. COONS said that people can get infusions and not need a hospital bed. In response to Senator Reinbold, hydroxychloroquine has been available to his doctor from day one. All that capability and more will be lost if SB 56 is not passed, not to mention all the rules and regulations that have been suspended and people can see they were not needed. Senator Reinbold was chair of the committee to review rules and regulations and repeal them. If she had the knowledge that the state has now as to the wastefulness of those rules, she could have had a greater impact all those years ago.

[2:25:33 PM](#)

CHAIR WILSON said the committee decorum is not to talk to committee members directly in that manner.

MR. COONS apologized and continued to say that if anything unforeseen comes up, the governor can use the tools to ensure Alaskans are protected without denying freedoms. If the state reaches the herd immunity goal of 70 percent with therapeutics and vaccines, the governor could end the emergency powers far sooner than September. This is not a means of denying liberties and freedoms. It is a reasoned approach to work a problem with the least impact on freedoms, liberty, the economy, and mental health. Alaska need not be like the lower 48 or sadly, even like Anchorage, to rid itself of this virus. Alaska can show the lower 48 and the world that it has the means and the determination to do this right. Please vote yes on SB 56. He said he was available to take any questions.

SENATOR REINBOLD asked to respond to some things Mr. Coons said about her.

[2:27:14 PM](#)

At ease

[2:27:46 PM](#)

CHAIR WILSON reconvened the meeting and recognized Jared Kosin.

[2:27:56 PM](#)

JARED KOSIN, President and CEO, Alaska State Hospital and Nursing Home Association (ASHNHA), Anchorage, Alaska, said Alaska's hospitals and nursing homes strongly support SB 56. In response to a question that was asked in the previous meeting and today, yes, the state does need a declaration in place and

no, while legislation can cover some provisions in SB 56, the declaration itself is vital for healthcare resources and flexibilities provided at the federal level. He wanted to highlight some of the most stressful moments Alaska healthcare providers experienced over the last year. They experienced a glove shortage the week of October 12 with less than a two-week supply and nearly ran out. That same week in October an assisted living facility in Anchorage had no staff available to work. The impossible scenario was to pull staff from another stressed facility or send all the residents to the hospital, the place of last resort. The week of November 13, over 530 caregivers were out statewide. A hospital CEO with more than 30 years of experience told him that the CEO had the hardest day of the CEO's career from managing the influx of COVID patient admissions with staff out. December 4, two months to the day, had the peak number for COVID patients in hospitals. Of the 150 COVID patients, 117 were in Anchorage and the Mat-Su. On that day, the state was down to five ICU beds, five, in the biggest population center. Both Mat-Su Regional and Alaska Regional had zero beds open. That same week a patient from rural Alaska was transferred to Fairbanks. This type of transfer is unheard of. It happened because the system was at its highest stress point. By the numbers, Alaska is certainly better today than November, but COVID is still here.

MR. KOSIN asked why the state needs a declaration and not just legislation. Early in the pandemic the Center for Medicare and Medicaid Services (CMS) issued 125 blanket waivers for 32 categories of healthcare services and provider type. These waivers set aside or waived specific federal requirements for operational flexibility. Here is ASHNHA's concern: at least 20 of the waivers are only valid if they are "not inconsistent with the state's emergency preparedness pandemic plan." ASHNHA believes that if the state no longer formally recognizes the public health disaster emergency, then the blanket waivers will be "inconsistent" with Alaska's pandemic plan and be void. There would no longer be an emergency for which a plan is required. If the state loses the federal blanket waivers, the consequences will be real and significant. There would be no waiver of provisions of the federal Emergency Medical Treatment and Labor Act. For example, emergency rooms have with safety protocols. If patients show up with flu-like symptoms to the ER, patients wait in their cars so they can be safety screened and triaged without exposing other patients. This would end because there would be no waiver of environment of care standard for hospitals. For examples, an alternate care site with 27 hard beds is active today. The Alaska Airlines Center is another alternate care site

that is active for infusion therapy and vaccination. These would close. A hospital constructed temporary walls around the COVID unit, alternate entrances and egresses, with power supplies and cords in place. All of these would be federal violations without the waivers. Without the declaration, Alaska would presumably lose support from the National Guard. Other states use the guard for vaccine distribution. When Alaska gets larger supplies in the coming months, the state may need the National Guard to speed up vaccination. That is not possible without a declaration. Alaska hospitals and nursing homes need a declaration in place. This is an issue about access to federal resources and flexibilities and certainty. It is not about mandates.

[2:33:19 PM](#)

At ease

[2:33:42 PM](#)

CHAIR WILSON reconvened the meeting and recognized Michael Bailey.

MICHAEL BAILEY, Deputy Executive Director, Hope Community Resources, Anchorage, Alaska, said that he also served on the board of the Alaska Association on Developmental Disabilities. Everyone had hoped the pandemic would be over by now, but it is not. He appreciates the guidance and leadership of DHSS. Alaska has fared better than most of the states in the country. He also thanked Governor Dunleavy for listening to DHSS and leveraging his emergency declaration powers only to the extent necessary with the measures described by Director Hedberg, flattening the curve, allowing local community leaders to determine the mitigation measures customized to their demographics, and for maintaining some hospital capacity, even though it did get very low.

MR. BAILEY shared that as home and community-based providers went into the pandemic last year, they were braced for 40 percent mortality rates that had been seen in the lower 48 and worked closely with the hospital association and the state to ensure that frontline workers were considered key and essential to mitigating the more devastating effects that could have been expected in Alaska. Time is of the essence. This bill is a vehicle to address provider concerns for the welfare and safety of Alaskans if these current emergency declarations expire February 14 without prompt legislative action. Vaccination efforts have begun and Alaska leads the nation in per capita vaccinations. It is essential that this momentum is perpetuated

into and throughout the summer months to regenerate seasonal and economic activities. About 25 percent of Hope's employees are vaccinated and more clinics are planned. His prior employment with Trident Seafoods, and he worked in Akutan for many years. As seen in the news, 20 percent of its workforce is offline before the summer season starts. It represents a risk to the local villages. He is concerned for the economics of the state as well. This bill serves both. Service providers who are already facing workforce shortages have also endured additional disruption to workforce availability. Up to 15 percent at any time can be quarantined.

MR. BAILEY said Hope had over 1,600 employees and recipients who have been quarantined in the past year, many of them repeated times. The flexibility that has been available through public health emergency declarations providing alternative service modalities, telehealth, telemedicine, and regulatory expansions related to professional and occupational license, and travel considerations is necessary to protect Native and local communities. It has allowed service provider to remain as active partners in statewide efforts. Telemedicine has many benefits; some of Hope's own data suggests that two-thirds of telemedicine is behavioral health related. Some nursing care coordination requires face-to-face visits that have only been possible through electronic means. He noted that Mr. Kosin mentioned some of the blanket waivers. Some of those that have been critical to maintaining essential supports are closely tied to the state declarations. Hope needs those to be extended. The partnership between the federal and state declarations is essential. The Alaska Association of Developmental Disabilities (AADD) is planning to submit a request to the state of Alaska for some of the flexibility to continue on beyond the pandemic because of the effectiveness and efficiencies. AADD has a membership of 60 providers with over 4,000 vulnerable Alaskans. If they had to be put into the hospital system, it would totally overwhelm the hospital system. The state needs to continue the current strategies. This act is essential for the state to recover its freedom and economy.

2:39:31 PM

CHAIR WILSON opened public testimony on SB 56.

2:39:39 PM

NILS ANDREASSEN, Executive Director, Alaska Municipal League, Juneau, Alaska, said that the league represents 155 cities and boroughs across Alaska. These cities and boroughs have played a fundamental role in supporting the state throughout this

disaster response, both on the public health emergency side and economic side. The league is in full support of extending the disaster declaration. Essential to this is the implementation of the Alaska Disaster Act, which provides all the necessary statutory language to address the concerns that have been raised by so many. The league is concerned about losing many things. First, dozens of local declarations that were linked to the state's declaration may be lost. They would either expire completely or need to be amended. That would be roughly two-thirds of local governments that implemented or adopted emergency ordinances. The state would lose the ability to waive procurement regulations. The state would lose ability to send strike teams to high-risk communities with dangerous spikes and to those communities that do not have public health powers or the capacity to respond. The state will lose the ability to organize mass vaccination clinics. The non-congregate shelter contracts will be lost to some extent. The preemption of local government authority will be lost. There may be an ad hoc approach to travel restrictions or establishment of new critical infrastructure guidelines. The state will lose the ability to establish vaccination tiers.

[2:42:04 PM](#)

LISA MORLEY, Executive Director, Alaska Commission on Aging, Anchorage, Alaska, said that individuals 65 or older are at the highest risk for being diagnosed with COVID and make up 80 percent of fatalities. Passing this bill will allow DHSS to continue interventions allowed by this disaster declaration. It will ultimately save lives and prevent illness in Alaska seniors.

[2:43:12 PM](#)

RYAN MCGHAN, M.D., representing self, Wasilla, Alaska, shared that in addition to being a pulmonary and critical care physician, he has a master's degree in public health. He works at Providence Alaska Medical Center and Mat-Su Regional Medical Center. This has been completely unlike anything he has experienced in over 20 years of pulmonary and critical care medicine. December was a nightmare. He is grateful that Southcentral is doing better now. The state still has active outbreaks in western Alaska. New variants of coronavirus are circulating. This is not the time for the state to take the eye off the ball. The governor has restricted his use of emergency powers. There is no question they need to be extended through the end of the summer.

[2:44:32 PM](#)

ABNER HOAGE, Emergency Manager and Incident Commander for COVID Response, City of Ketchikan, Ketchikan, Alaska, said he is the president of Alaska Fire Chiefs Association, serves on the state's emergency response committee, cochairs the local emergency planning committee association, and until his term expired in November, served eight years as a member and previous chair of the Alaska Council on Emergency Medical Services. This relief in SB 56 is important. COVID is not the flu. Without going into a lot of data, he could tell the committee that it appears that COVID is roughly three to six times more deadly than annual flu. Alaska data indicates that 253 deaths were due to COVID compared to roughly 60 to 70 in a normal flu season. Spread is more aggressive than the flu. Symptoms are generally worse, and the infectious period is longer. This has caused huge stress on the healthcare system and supply chain. The outstanding work at DHSS and previous disaster declarations issued by the governor have provided significant support to local governments. They have used this in various ways, from testing, to PPE, and many other ways discussed by the director of public health and the state incident commander. COVID is an ongoing disaster emergency. It is not over. Testing and additional support are still needed by local communities. Passing SB 56 is critical to ongoing success of Alaska COVID response.

2:46:28 PM

KATY BOTZ, representing self, Juneau, Alaska, shared that she has a major depressive disorder. Anything relating to health mandates for COVID-19 has a serious effect on her mental health. She said a mask mandate silences the people of Alaska into submission. It is clear that the administration wants to believe it is not accountable for any mandates. It is unconstitutional. There are hidden messages beneath the health mandates.

CHAIR WILSON reminded the public that written testimony can be emailed to [shss@akleg.gov](mailto:shss@akleg.gov).

2:50:01 PM

JAYNE ANDREEN, Alaska Public Health Association, Douglas, Alaska, said this pandemic emerged at a time when the public health system was at a deficit due to budget cuts over the last few years. Alaska has lost about 20 percent of its public health nursing staff and about 25 percent of public health centers have been closed down. Since then, the state of Alaska and DHSS have been able to build up capacity quickly. This pandemic is far from over. Just when they start to see the light at the end of the tunnel with the rollout of vaccines, there are new variants

that could be more deadly and infectious and could continue to impact health and wellbeing. The state of Alaska needs to have more than a 30-day type of response. The state has done well with the statewide travel restrictions, but a piecemeal approach is going to impact the effectiveness of Alaska's approach. The state has been able to build up the necessary workforce and rank highly in the way it has been able to respond for the health and wellbeing of its citizens. The association would like to see the governor issue even stronger mandates. The association would like to see a mask mandate across the state. The association commends DHSS for the excellent support and guidance it has given to communities, which have then been able to act in the best interests of their residents. She would like SB 56 to pass for continued support for Alaska's response to COVID-19.

2:52:27 PM

VERNE BOERNER, President/CEO, Alaska Native Health Board (ANHB), Anchorage, Alaska, said SB 56 is a crucial bill to extend the public health disaster emergency. ANHB is the statewide voice for the Alaska tribal health system that services 229 federally-recognized tribes. Alaska Natives are overrepresented in Alaska's hospitalization and death rates due to COVID-19. Alaska Natives make up 27.1 percent of all hospitalizations and 38.1 percent of all COVID-related deaths. That is over a quarter of all Alaska hospitalizations and more than a third of all deaths. Rural Alaska continues to be at particular risk of COVID-19 and its new variants due to factors such as crowded, multigenerational homes, lack of running water and sanitation, and distance from advanced medical care, requiring air travel to reach hospitals. The public health emergency has been critical to protect communities. Since the start of the public health emergency, there has been a 303 percent increase of telehealth-related Medicaid services statewide, which keeps providers and patients safe. The vast majority of this has been delivered through the Alaska tribal health system. The public health emergency allows for rapid procurement in hiring for the response, essential elements when it comes to Alaska's vaccine distribution plan and enabling the tribal health system to set up mass vaccine clinics quickly to put shots in arms. It provides flexibility in the delivery of healthcare through means such as telehealth and maximizing the workforce through expedited and courtesy licensing, especially in fields where the state is short-handed and through other regulatory flexibility triggered by the public health emergency disaster declaration. This allows providers to respond efficiently. Only under disaster provisions under AS 26.23.020(g)(10) can the governor allocate or redistribute food, water, fuel, clothing, medicine



or supplies, which includes scarce vaccines and therapeutics for COVID.

2:55:49 PM

AMBER GLASSER, representing self, Anchorage, Alaska, urged a no vote. She said the sooner the state is not in an emergency the sooner Anchorage will be out of its state of emergency. She has been in the hospitality industry for 22 years. She started at the Lucky Wishbone and has been at Simon and Seafort's for the last 12 years. She is furloughed because of the pandemic. So many of her friends, restaurant and small business owners, servers, bartenders, bussers, dishwashers, hotel workers, brewery workers, and so many others, are struggling. They have money in their bank accounts and a roof over their heads, but for how long. A lot of people just want the right to choose and the right to be open all the way with masks being encouraged, not forced. She wanted to applaud Sarah Price, an Eagle River high school student, and echo what she has been saying for months and in her February 3, 2021, testimony to Senate Judiciary. Ms. Glasser thanked Senator Reinbold for sharing their thoughts and truly being a public servant and not just a politician. If Florida and South Dakota can be open, why not Alaska. Everyone can come together and figure it out. Alaska can keep its most vulnerable safe while being open at same time.

2:58:21 PM

DEAN CANNON, representing self, Anchorage, Alaska, said experts agree that the best way to control the spread of COVID-19 is through travel restrictions, which is happening in Alaska right now. Alaska's natural advantage is the isolation which enables it to restrict that travel. This is key to Alaska's reaction to COVID. He was one of those positive cases at the airport; thank God that testing is going on. He is hearing that the reason for the extension and orders is a lack of trust in the public, an inability to govern without them, and too many entities losing money if they are not extended. COVID has revealed failures in the system that emergency orders will not repair. What is required is a little hard work and a willingness to work together. The public is losing control over their lives with these emergency orders. Many feel too much authority is being collected in unelected bodies like DHSS. One person talked about the worst day in someone's career. People are having the worst years of their lives. In 2017 the CDC warned of the societal impact of orders like this and the long-term effect of restrictions during pandemics. Then the CDC lacked the data on societal impacts because there was no modern precedent like COVID. Now the societal impacts are obvious. The Imperial



College model was based on the Spanish flu, which is ten times deadlier than COVID and that model's author had to resign. The number of ICU beds in Anchorage changes every time he asks. This doesn't seem to include surge beds or COVID-dedicated beds. People are highly suggestible after a year of stress, and a mental health crisis is inevitable and no one from DHSS is talking about that. The capricious use of emergency orders in Anchorage is fracturing society and destroying democratic norms. That should concern everyone. DHSS seems to be in a professional competition with themselves and other states for prestige. A massive gap is growing between government and the governed in Alaska. It is time to put these orders back in the drawer and resume democracy.

3:01:04 PM

CHAIR WILSON closed public testimony on SB 56 and noted that written testimony could be submitted to [shss@akleg.gov](mailto:shss@akleg.gov).

SENATOR REINBOLD asked if others were online to testify.

CHAIR WILSON responded yes, but the committee is out of time.

SENATOR REINBOLD asked if the testimony would be extended next Tuesday.

CHAIR WILSON replied that public testimony was being closed at this time and people could submit written testimony as part of the record to the Senate HSS email address.

3:01:59 PM

At ease

3:04:43 PM

CHAIR WILSON announced that he would reopen public testimony at the next meeting. He asked Senator Reinbold if she had any closing comments.

SENATOR REINBOLD replied that it was too late to respond to Mr. Coons.

SENATOR BEGICH said it was not acceptable for testifiers to attack anyone and he thanked the chair for stopping that. In the past the chair has left the hearing open, which has led to a lot of people expecting to testify. In one instance, with a bill Senator Begich was concerned about, the chair closed testimony to send the message that testimony was over, saying that the chair would reopen testimony if there were an opportunity. The

committee adjourned at that time, which was near the end of the session, so there wasn't an opportunity. The chair has indicated that he plans to open public testimony again. The chair has made that clear to the people online and to the people in the committee. "Let's be sure to enforce that and make it happen and thank you for doing that. I really wish I had had that opportunity for that bill many years ago, but that's the past, so thank you for being clear to the people listening online and just to reiterate, please Mr. Chairman, and all of us, let's hold those who testify in a manner that is not becoming accountable."

SENATOR HUGHES said that the list [of those who signed up to testify] has many private individuals. The bulk of the public testimony was people representing health-related organizations. It is important to hear from Alaskans across the state, individuals, and what their wish is. She encourages them to provide written testimony and also to try to join the committee again as the chair is able to open testimony. It is vital to hear from all of them, as much as possible. She encouraged the committee members to read the written testimony. There is definitely concern coming from around the state.

SENATOR REINBOLD said that she was not able to ask a lot of questions. She keeps being guaranteed that she will be able to ask her questions, but they are limited. The administration is protected from answering a lot of the questions. She finds that disingenuous. She should have had the opportunity to clear the record with the person who was making odd accusations about her. She was not able to ask questions for invited testimony or even able to set the record straight. Half an hour or 45 minutes after it happened is not the appropriate time. She has a lot of questions and DHSS has not provided good answers. She thanked everyone waiting to testify. She knows that many have been negatively impacted by the disaster declaration and the mandates. They have allies on this committee and they will not shut their voices out, so she will offer an opportunity in Judiciary for them to testify next week. She will be posting that tonight. She wants to hear their concerns on SB 56 and anything in regard to the mandate. If they were shut out today, they will have another opportunity.

3:10:06 PM

CHAIR WILSON stated for the record that no one was shut out. The committee allows people to testify and testimony will be open again.

[Chair Wilson held SB 56 in committee.]

3:10:14 PM

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 3:10 p.m.